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Rural Health - A Health PRA/PLA Perspective

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Abstract: The present article provides an account of participation in rural health and selected applications in health PRA (Participatory Rural Appraisal). A health PRA is an application of the methodology of PRA to learn from rural people about issues related to health.

Kewords : Participatory Development; PRA, PLA, Rural Health

INTRODUCTION:

The present article provides an account of participation in rural health and selected applications in health PRA (Participatory Rural Appraisal). A health PRA is an application of the methodology of PRA to learn from rural people about issues related to health. It can be done as a part of a general PRA exercise or can be conducted to have a special focus on health (Welbourn: 1992 - 1). A PRA in rural health can range from a mere description of certain kinds of illness the villagers experience from time to time, to a participative session generating a rich analysis of conditions, problems, causes, priorities and preferences in the area of rural health. In this context, the villagers of *Ramchandrapur* can participate to make the researcher to learn about their health conditions, their types and nature of illness, the causes, the nature of treatment adopted and their preferences and priorities. Even when formal health facilities exist in a rural area, this chapter tries to find out how such facilities can be improved and extended and also how the local people perceive the relevance of such facilities.

A Case Study:

This is a case study in health PRA of a village named Ramchandrapur of Koheda Mandal in Karimnagar district. This village is also informally called as *Urumadla* and it is more or less backward in many aspects as it situated in drought prone area. The village has 412 households with a total population of 1674. Among them, 799 were male and 875 were female according to the census 2001. The villagers, some of whom own considerable pieces of land located under the '*Kuntas'* (Ponds) surrounded by the village and the river Moyathummeda is the prime source of irrigation and drinking water. The village has a history from the period of Sathavahana Kingdom and much more developed during the regime of Kakatiya rulers.

This was the researcher's second visit to the village (the first visit was in February, 2009) for a PRA session with the villagers on health. The villagers remembered interacting with the researcher during the year 2009 and doing a well-being grouping of households on a social map of the village. They expressed their joy at the researcher's re-visiting their village and sat together quite comfortably to do a mapping of the village without asking for it. Before going into the actual exercises, the researcher clearly explained about social map, resource map, seasonality map, venn diagram, network analysis, mobility and time-line diagrams and their components. Each and every component was clearly clarified by the researcher and the materials like colours, charts, sketches, powders, lime and other relevant items were also provided to draw several maps and charts on the floor and papers. The PRA exercise was conducted in ZP School premises. Before going to details, the oral history of the village is documented as follows;

Historical Background of the Studied Village:

The name of the village "Ramchandrapur" of Karimnagar district came into existence due to presence of a temple dedicated to Lord *Sri Ramachandra* on the banks of the river *Moyathummeda*. There is another temple that belongs to Lord Shiva and is called *Ramalingeshwara* Temple. While the *Ramalayam* faces South, Lord Shiva faces the Western direction. The deities are '*Swayambhu*.' This is considered as peculiar and exceptional one in the region.

These temples were built during the regime of Kakatiyas and Brahmotsavas are celebrated grandly every year. After the decline of the Kakatiya Kingdom, the village came under the control of Golkonda Sultans and subsequently the Nizams of Hyderabad. During the Golkonda Sultan's regime, the village was completely destroyed by the floods of Moyathummeda. Later, people constructed a new village half kilometer away from the river. Here, the researcher found out that the new village is amidst cultivable lands (Madulu) which means village shifted into the agro-fields. That is why the people informally refer the name of their village as "Vurumadulu" (village in agro-fields) which was chronologically transmitted as "Vurumadla". This floods affected village is a vital witness to many destroyed temples, houses and a great citadel. At the time of Nizams of Hyderabad, this village was ruled by Deshmukhs, Patels and Patwaries who

were representatives of the Nizam. They built lakes, canals and buruzus in the area.

Topography:

The village Ramchandrapur is situated on 18°14'4" north latitude and 79°4'55" east longitude and has ground height of about 400 meters from mean sea level. Ramchandrapur is located on the river banks of "Moyathummeda" which is a tributary of Godavari. It flows from Komuravelli to Karimnagar where it linked on other tributary of Godavari i.e. Maneru. (www.wikimapia.com:15-01-2010) Ramchandrapur is 133 kms away from Hyderabad city and 33 kms from Karimnagar district headquarters. It is bounded on the East by Erraguntapally village, on the South by Vinjapally village, on the West by the Gagillapur, on the North by Varikolu village and on the North - East by Ogulapur village.

Table – 1.1: Caste Composition of Ramchandrapur

Sl. No	Name of the Caste	Population	Percentage
1.	Deshmukh	32	1.74
2.	Reddy	115	6.25
3.	Vysya	38	2.06
4.	Vaishnava	74	4.02
5.	Yadava	173	9.40
6.	Gouda	145	7.88
7.	Munnurukapu	137	7.44
8.	Pusala	13	0.71
9.	Mera	11	0.60
10	Oddera	64	3.48
11.	Padmashali	104	5.65
12.	Mangali	35	1.90
13.	Chakali	90	4.89
14.	Kummari	41	2.23
15.	Dudekula (Muslims)	86	4.67
16.	Tenugu (Mudiraj)	73	3.97
17.	Vishwa Brahmin	103	5.59
18.	Mala	254	13.80
19..	Madiga	212	11.52
20	Dakkali	2	0.11
21.	Chindu	5	0.27
22.	Erukala (Tribe)	34	1.85
	Total	**1841**	**100.00**

Source: Records of "***Sri Rama Youth Club***" (NGO)[#], 2008

According to 2001 census, the village Ramchandrapur has a total population of 1674 but the population has increased from 1674 to 1841 in year of 2008. This village has a primary health centre (PHC), but lacks a major hospital within a range of 35 kms. A NGO called Sri Rama Youth Club is working in this region for the last 10 years in the fields of health, education and environmental protection. This NGO provided the present household data mentioned in the habitation list of Ramchandrapur.

HEALTH PRA IN THE VILLAGE:

The focus of the present part is on health PRA done by the villagers in the village Ramchandrapur. The main thrust of the health PRA was to learn about the health status of the village community. The health mapping of the village Ramchandrapur was done by a group mapping of the village Ramchandrapur by a group of villagers led by a school teacher of the village. The health map (enclosed at end) is given in the following chart showing different aspects of health of villagers as given and the next chart shows different aspects of health of villagers such as those affected by diseases like polio, tuberculosis, leprosy, asthma, piles and so on. It also covered the details of family planning, the numbers of pregnant women, lactating mothers and cases of abortion. The health map also reveals old age as an aspect of health and those households having aged people in them.

Some of the features of village households as indicated in the health map are as follows;

1. It gives a brief summary of diseases affecting individual households.
2. There are 2 cases of tuberculosis, 4 cases of piles, one case of leprosy. In addition to that 3 patients of bone fractures also appeared.
3. Thirteen women were lactating mothers out of a total of 412 households.
4. 272 households had adopted family planning methods which was around 66 percent coverage of total households in the village.
5. If one projects the social map of villagers on the health map one finds 31 households identified by the village group as 'poorest of the poor' of which 17 households or more than 50 percent have adopted family planning.
6. One leprosy patient is found in the 'poorest of poor' households. The limited earning capacity of persons affected by leprosy is well understood. The social problem of a leprosy-ridden household is also not easy to resolve.
7. Incidence of TB, asthma and old age, all exist in the 'poorest of the poor' households.

The health map, however, does not portray an important aspect of health and that is food-intake. This is all the more important as an indicator of health in a village where the villagers are poor and are required to go without proper food-intake periodically. This came to light through well-being

[#] Supraja Seva Samithi Conducted community survey in year of 2008 for the initiation of several health and education awareness programmes

grouping of households and the seasonal food calendar as done by the villagers.

Factors Determining State of Health

Factors which determine state of health are very important for a health PRA. Much can be learnt from what villagers describe as factors leading to their ill-health. This may or may not help in diagnosis of local factors causing certain kinds of illness. Usually, the factors described by local people may not be the real factors but can help in indicating the cause of illness or in educating them.

It is relevant to quote the study of Mascarenhas (1991:26-32) on health PRA conducted in a south Indian village named Myrada, "the villagers mentioned about many of them, both adult and child, affected by 'hydrocil'. They expressed their opinion that the quality of their village water had something to do with so many cases of 'hydrocil'". However, a medical opinion was slightly different. According to one medical opinion, it was *filariasis* which was prevalent in that area and caused secondary 'hydrocil'. It is not unnatural to expect large divergences in rural perceptions from established medical opinion. The illness described by rural communities can be mere symptoms. The medicines they take and their beliefs and practices can all be unscientific according to established medical opinion. However, in the first place, it is important to understand the merit of their argument and their perceptions in planning effective health interventions.

Food deficiency in a poor household can be a source of many problems including that of under-nourishment and mal-nourishment of children. This can be reflected through a food calendar showing periodic variations in food availability, kinds of food and food intake by selected households. For example, a medical opinion on the food calendar made by a group of rural women of Ramchandrapur, is that the diet of the villagers is grossly deficient in proteins and different kinds of vitamins. It is a highly imbalanced diet, possibly low in terms of calories (since absolute quantity of food is not indicated in the food calendar) and that consumption of meat, nuts, pulses and green vegetables should go up in proportion to rice so as to make for better health of the villagers. In this case, the revelation of the villagers about their seasonal variations in food intake made it possible for an examination of their food content from the point of food value.

With regard to the aspect of seeking treatment or going without proper treatment by rural people one can have many reasons. In field experience, the researcher frequently found that many villagers do not undergo proper treatment on account of different reasons, amongst which are personal beliefs, treatment by local faith healers, lack of means of transportation to carry sick people to the doctor, improper functioning of the health centers, inadequate follow up etc.

Practice of Indigenous Medicines

In rural areas, indigenous treatment and medicines are quite common. In this context, the participants of this PRA said that several indigenous treatments and medicines practiced by them were brought into light. Interestingly, a community called *Baindla*[1] in this villages gets their livelihood based on chanting mantras, healing diseased people and selling of indigenous medicines. By tradition they sell medicines procured from medicinal plants and animals. They conduct magical healing to avoid the evil eye and also perform rituals for local deities like Yellama, Pochamma, Poleramma, Peddamma and so on. In that PRA session with the villagers, different aspects of their procuring, recommending and selling of medicines were also brought to light. On asking them the range of illness which they were able to cure, they said that they had medicines for almost all kinds of illness and spoke of different kinds of medicines which they knew and practised. They listed some of the illnesses and also the medicines were recommended. Some of them are as shown in the following table;

[1] In fact, Baindla community people live in Vinjapally village on southern part of Ramchandrapur. However, they have privilege to conduct and perform rituals and take care of village health.

Table – 1.2: **Illness and Indigenous Medicines**

Illness	Medicines
(i) Cough and cold	Leaves of *Addasaram*
(ii) Pneumonia	Garlic, Vama
(iii) Liver disorders	Scar (Fire Mark) on Wrist, Castor Leaves, Thummi Leaves
(iv) Post-natal problems	
(v) Eczema	Turmeric, Chilli Paste
(vi) Ear Ache	Banyan Oil
(vii) Rheumatism and muscular pain	Juice from *Ganapatri* Leaves
(viii) Tooth pain	Dried Ginger Cake
(ix) Sun Stroke	Petrol, Spirit

Illness	Medicines
(x) Eye complications	Juice of Onion, Salt water
(xi) Head Ache	Lactating women's milk
(xii) Dandruff	Eucalyptus leaves
(xiii) Scorpion bite	Aloe Vera Paste
(xiv) Wound	Unrevealed
(xv) Physical Pains	Nallaram Leaves
	Intake of jaggery with pulses

In that PRA session it was felt that some villagers from the group were not willing to share many of their traditional medicines and practices for some reason or the other and were reluctant to continue with the list. Hence, the list mentions only a few illnesses and their treatment.

The rural dwellers also prepare medicines from animal extracts which required them to kill iguana, rabbits, mongoose and other animals. The skins of the animals were used for making of some musical instruments to *Baindlas*. The villages expressed their problems in procuring animals from the forests. They were facing difficulties in finding animals and plants due to strict forest laws. Instead, they were able to catch a few animals from the near-by fields owned by big landlords who were engaged in cultivation of rice, maize, cotton and so on. They also mentioned that they often had to undertake journeys towards remote areas to procure medical roots and plants.

Some reflections on Health PRA

Health is wealth. Improvement in rural health conditions implies that the rural people can work more and earn more. With regard to indigenous and modern kinds of treatment for diseases, the villagers tend to exercise their own choice of the kind of treatment to be availed. The choice depends on the type of treatment, its proximity, its cost, their beliefs and outlook. Whether it is for health awareness camps / programmes or functioning of rural health centres and health workers, it is important to learn about the local people's priorities, beliefs, attitudes and approaches to health-related issues.

Summary

Rural health is a complex subject and inter-related with many other aspects of rural life. It is a wide area in scope and content and hence, needs to be perceived in a larger context. This is because there are several factors which influence rural health and these in turn, lend their impacts on the well-being of an individual, his household and the village community at large. Some of the illustrations in this chapter demonstrated that it has its connections with food, work, outlook, ecology, health service, cultural perceptions, indigenous verses modern systems of medicines and other related factors. It is only through direct participation that one learns about the health status of rural people, the kinds of illness, their linkages, sources, origin, treatment and other aspects. Hence, direct participation has the potential of improving the efficiency of health services.

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